


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90272 014 ***150.00

DOCUMENT # P03000047828

1. Entity Name.
PLUMBING WITH PRIDE, INC



Principal Place of Business Mailing Address
3710 E INDUSTRIAL WAY **3710 E INDUSTRIAL WAY**
WEST PALM BEACH, FL 33404 US **WEST PALM BEACH, FL 33404 US**

2. Principal Place of Business 3. Mailing Address
1309 South Killian Drive **1309 South Killian Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



03242005 Chg-P CR2E034 (10/03)

City & State City & State
Lake Park, FL **Lake Park, FL**

4. FEI Number Applied For
56-2352502 Not Applicable

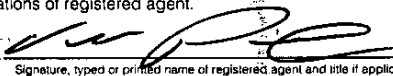
Zip Country Zip Country
33403-1918 **USA** **33403-1918** **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PAZIENZA, FRANK T
3710 E INDUSTRIAL WAY
RIVIERA BEACH, FL 33404

7. Name and Address of New Registered Agent
 Name
Pazienza, Frank T.
 Street Address (P.O. Box Number is Not Acceptable)
1309 South Killian Drive
 City State Zip Code
Lake Park **FL** **33403**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **4-11-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	PAZIENZA, FRANK T	180 LEHAND TERR., APT. 805	NORTH PALM BEACH, FL 33408	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VP	HOWARD MELLOTT	400 north lake ct #100	north palm beach fl, 33408	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4-11-05** (561) 842-2425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #